

08-05-05

IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/828,509
Filing Date : April 20, 2004
Inventor : Kishor J. Patel
Title : Digitally Controlled Modular Valve System
Examiner : Gerald A. Michalsky
Art Unit : 3753
Attorney Docket : KPT-32096(1) (19354.0001)
Confirmation No. : 4314
Customer No. : 022202

CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

Mailing

☒ deposited with the United States Postal Service in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 CFR 1.8(a)

☐ with sufficient postage as first class mail

37 CFR 1.10

☒ as "Express Mail Post Office to Addressee" Mailing Label No. Express Mail No. EV405077886US

Transmission

☐ transmitted by facsimile to Fax No. 571-273-8300 addressed to Examiner Gerald A. Michalsky at the Patent and Trademark Office.

Date: 8-4-05

Bernadette Jackson

AMENDMENT TRANSMITTAL

1. Transmitted herewith is:

Response

STATUS

2. Applicant is a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR §1.136 apply.
- ☒ Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.
- ☐ Applicant petitions for an extension of time under 37 C.F.R. §1.136 for the total number of months checked below [fees: 37 C.F.R. §1.17(a)(1)-(4)] :

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input type="checkbox"/> two months	\$ 450.00	\$ 225.00
<input type="checkbox"/> three months	\$ 1,020.00	\$ 510.00
<input type="checkbox"/> four months	\$ 1,590.00	\$ 795.00
		Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims Remaining After Amendment		Highest No. Previously Paid For		Rate (Small Entity)	Additional Fee or	Rate (Large Entity)	Additional Fee
Total 59	Minus	43	=	16 x 25=	\$400.00	x 50	\$ 0
Independent 15	Minus	14	=	1 x 100=	\$100.00	x 200	\$ 0

FIRST PRESENTATION OF MULTIPLE DEP CLAIM

TOTAL ADDIT. Fee \$ 500.00 or TOTAL ADDIT. Fee \$ _____

- c. ☐ No additional fee for claims is required.
- d. ☒ Total additional fee for claims required **\$ 500.00**

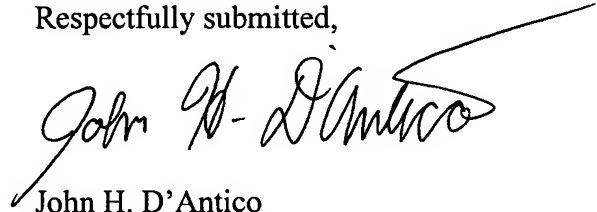
FEE PAYMENT

5. ☒ Charge Deposit Account 23-2053 in the amount of **\$500.00** for any extension and/or fee required or credit for any excess fee paid.
- ☐ Attached is a check in the sum of \$ _____

FEE DEFICIENCY

6. [X] If any additional extension and/or fee is required, charge Account No. 23-2053.
[X] If any additional fee for claims is required, charge Account No. 23-2053.

Respectfully submitted,



John H. D'Antico
Registration No. 45,917

Dated: 8/4/05

CORRESPONDENCE CONTACT INFORMATION:

WHYTE HIRSCHBOECK DUDEK S.C.
555 East Wells Street, Suite 1900
Milwaukee, WI 53202-3819

Telephone Number: (414) 978-5536